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ABSTRACT

Presented in the report on the Symposium on Child Abuse and Neglect Program Evaluation are the critical issues regarding evaluation and research needs which were addressed during the 2-day meeting and a brief description of the meeting's format. A child protective services model involving five stages (identification/reporting, intake/investigation, assessment/planning, treatment/referral, and termination/follow-up) is outlined, and the content and context variables considered in the meeting are explained. Listed are specific research questions and evaluation questions which apply to each stage of the model. Appended is a list of symposium participants. (SBH)

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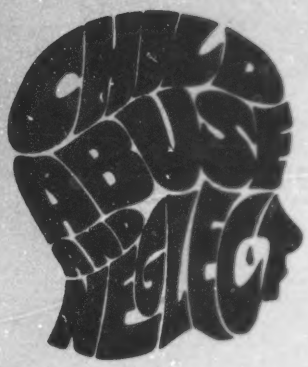
CHILD ABUSE AND NEGLECT PROGRAM EVALUATION



A Report from a Symposium on Evaluation Questions and Research Issues

AUGUST 1977

National Center on Child Abuse and Neglect
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I. INTRODUCTION

The basic mission of the National Center on Child Abuse and Neglect is to: (1) increase knowledge about child abuse and neglect, including causes, nature, and extent, and the best means to prevent and/or treat them; and (2) help others apply that knowledge to improve and expand prevention and treatment efforts. The ability to understand and assess child abuse and neglect service programs, both on-going and demonstration, is essential to performing this mission. Because of the importance attached to understanding service programs, "program evaluation" was the topic for the second of three symposia held for the National Center under the auspices of Herner and Company and the Social Research Group, The George Washington University.

Symposium participants were invited to Washington, D.C., on February 17-18, 1977, to join with the National Center in taking a new look at approaches to the evaluation of child abuse and neglect programs. (See Appendix for list of participants.) The Symposium was seen as a mutual learning experience during which people knowledgeable about child abuse and neglect and those knowledgeable about evaluation could address issues related to program evaluation, and suggest ways in which future evaluative research might contribute to child abuse and neglect prevention and treatment efforts.

In preparation for the Symposium, invited participants were sent a series of flow charts which embodied the processes, procedures, and decisions involved in the identification, reporting, investigation, and treatment of child abuse and neglect. Using the process model described in the flow charts as a framework, participants were asked to identify a range of possible issues or questions related to the evaluation of child abuse and neglect service programs which they would like to see included in future evaluation studies. During the Symposium itself, the group would attempt to formulate a common set of questions which would be indicative of the full range of evaluation issues as perceived by the experts joining in the Symposium.

In the remaining time, Symposium participants were to assess the commonly agreed upon set of questions in terms of 1) their relevance and importance and 2) the present technical capacity and practicality of data collection necessary to address such issues. Each question would be judged from the standpoint of "Is this an answerable question and, if so, at what cost and what relevance?" This procedure was designed to suggest some conclusions about the present state of the art of program evaluation in relation to child abuse and neglect programs. If, as some experts feel, evaluation is still more of an art than a science and if evaluation technology is still limited, then what can the National Center reasonably expect to learn from the evaluations it sponsors? What kinds of evaluation models or evaluative approaches could be expected to provide the maximum amount of useful information at this time?

Symposium participants spent the better part of the two days suggesting a wide-ranging set of questions designed to evaluate child abuse and neglect service programs as they operate in the "real world." Thus the major output of the Symposium was a list of critical issues and questions, some addressing evaluation and others directed toward needed research. These questions, along with a brief description of the format of the meeting, will be presented in this report on the Symposium on Child Abuse and Neglect Program Evaluation.

II. SYMPOSIUM FORMAT

To provide a framework for the Symposium, it was proposed that evaluation be discussed within the context of a prototype child abuse and neglect service delivery model developed by the National Center and sent to participants prior to the Symposium. (A schematic overview of the model appears below.) The model describes a set of procedures and processes independent of any institutions or agencies having the responsibility for their implementation, allowing Symposium participants to focus on the elements of the *process* rather than just on outcomes or on specific agencies. The components of the generalized model represent procedures and processes that currently take place within a variety of settings. The attempt was not to describe a particular type of protective services system or child abuse and neglect treatment program, but rather to outline the broad functions which have to be performed in the delivery of services to parents and children, regardless of the aegis under which the services are provided.

Briefly, the model delineates five stages in the delivery of child protective services:

1) ***Identification/Reporting*** – during which some alleged incident of abuse and neglect occurs and may be reported.

2) ***Intake/Investigation*** – during which the need for further action is assessed and the initial case investigation is carried out if deemed necessary.

3) ***Assessment/Planning*** – during which protective and treatment needs continue to be assessed and a case plan is developed after the abuse and neglect has been confirmed.

4) ***Treatment/Referral*** – during which the case plan is implemented and necessary services and treatment are provided either directly through the child protective services agency or through referral to other treatment sources.

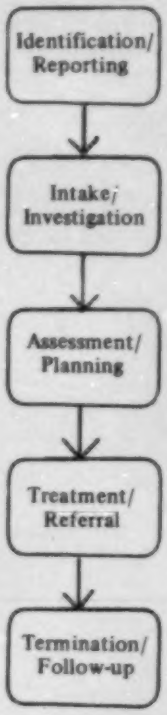
5) ***Termination/Follow-up*** – during which the case is reassessed and may be terminated or may have the case plan modified. Appropriate follow-up is carried through.

Flow charts and more detailed descriptions for each stage of the model appear in Section IV of this report, accompanied by the research and evaluation questions developed by Symposium participants.

It should be noted that this model is concerned with abuse and neglect taking place within families, rather than institutions. In addition, it deals with those activities that occur after an incident of abuse and neglect has taken place and does not take into account primary prevention.

Figure 1

OVERVIEW OF PROCESS MODEL



III. PROCESS MODEL IN BROADER PERSPECTIVE

Before formulating evaluation questions keyed to elements in the process model outlined above, Symposium participants raised the issue of how to take into consideration factors which, while not directly a part of any protective service process, may have an important effect on how such a process operates. They agreed that even this prototypic process model could not be considered in a vacuum. Service programs must be evaluated within the context of other factors which may affect the desired outcome.

After some discussion it was agreed that, while the focus of the discussion on evaluation would remain on the *process* kind of variables suggested by the flow chart model, it was necessary to keep in mind two other sets of underlying or background variables, *content* variables and *context* variables, as well as two different types of outcome measures.

Thus, five sets of variables were offered by the participants:

Content variables (inputs of resources)

Context variables (setting)

Process variables (flow chart model)

Output variables (measurable activities)

Outcome variables (judgments of effect-impact)

These are amplified below.

Content variables are the potential resources (staff, funds, services) and/or actual inputs available to the process of intervening in abuse and neglect – the funds, people, and material which can be used. Content variables would include:

Economic resources of the state and community – availability of taxable dollars relative to the community's need

Relevant standards and requirements as specified by law

Nature of state and local government (quality, support)

Availability of formal and informal resources and services

Requirements and resources of competing or alternative intake systems (juvenile justice systems, for instance)

Nature of the service environment (interagency coordination and cooperation)

Physical nature of the community (climate, population density, etc.)

Predominant type of family in the community (traditional families with a history in the community vs. communities with a more transient population or families with unconventional life styles)

Community values about minimum standards of child care

Community values about acceptable kinds of intervention

Societal values regarding the role and importance of children

General state of knowledge about the identification and treatment of child abuse and neglect

Level of institutional abuse in the community

In this scheme, ***context variables*** describe the setting or environment in which a program operates. Context variables would include such elements as:

Appropriated funds

Characteristics of workers (number, quality, training, etc.)

Type of client

Pool of reportable cases in the community

Definitions of abuse and neglect

Process variables are the kinds of procedures outlined in the flow chart model (Page 2).

Output variables are those activities which result from the process, those effects which are countable, e.g., number of cases investigated, number of families visited.

Outcome variables measure the impact of the program and entail value judgments as to the effect of the process which was followed. These outcome variables can be person specific (evaluation of the effect on the parent and/or child) or program specific (evaluations of a particular program, or a particular agency, or cross-program comparative evaluations).

This, then, was the context that Symposium participants developed for considering the process model and for raising evaluation questions presented in the following section. It was acknowledged that distinctions between the types of variables are often difficult to make since they continually interact with and affect each other, and questions were proposed without trying to categorize them as relating to a specific type of variable.

IV. EVALUATION QUESTIONS AND RESEARCH ISSUES

On the following pages evaluation questions and research issues generated by Symposium participants are presented. Each set of questions is accompanied by a flow chart which provides more detail about the particular stage of the process model covered by the questions.

A. *Identification/Reporting (Figure 2)*

Because it was the first stage of the model, proportionately more time was spent formulating questions and research issues related to the processes of identification and reporting. The major concerns of Symposium participants, as reflected in their questions about *case identification*, centered within the issue of labeling and the nature of those incidents which become identified as abuse and neglect. With respect to *reporting of cases*, questions concentrated on the psychological factors which influence the decision to report or not; on the effect of the identity of the reporter on the reporting process; and on the flow of decisions and information as the reporting process unfolds. Additional questions were addressed to the issue of *protective custody* at this stage.

Questions and Issues Concerning Case Identification

What factors enter into the decision to identify or label an incidence of abuse and neglect?

What kinds of incidents are being identified as abusive or neglectful? What kinds of people are being identified as abusive and neglectful? What kinds of child maltreatment are not being identified?

What are the exogenous criteria affecting the process of identification?

What kinds of primary identification of high-risk families are being undertaken? What effect do these kinds of activities have on the identification and reporting of abuse and neglect?

What active efforts are made by the child protective agency to identify child abuse and neglect cases?

What approaches and techniques have been used to improve appropriate identification of child abuse and neglect and what has been the cost effectiveness of each?

What (or who) determines the likelihood that a possible case will be handled informally (outside the official reporting process)?

Questions and Issues Relating to Reporting of Cases

What is the function of reporting?

Who reports? Who does not report? Who should be reporting?

What are the variables that make it more or less easy for people to avoid making a report?

What are the constraints and reasons why professional groups frequently fail to report suspected cases even when required to do so by law?

Do different types of reporters receive different types of treatment from the agency?

What are the consequences of reporting on the reporter?

How does the identity of the reporter affect the case disposition?

To whom are formal and informal reports made?

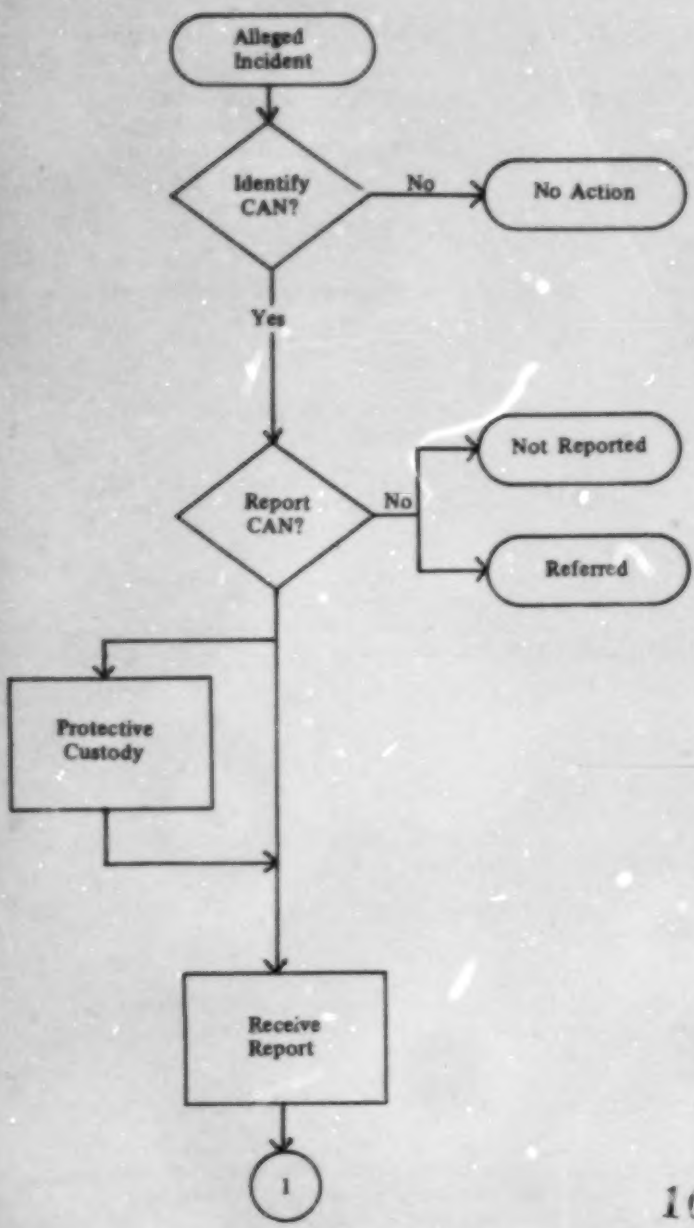
Are the agencies currently identified as those to whom reports should be made the most appropriate? If not, what would be the appropriate agency?

What is needed for a report to be received?

Are there "gatekeepers" in the community which act as a filter between the reporter and the child protective service agency, screening what gets into the system?

Figure 2

IDENTIFICATION/REPORTING



IDENTIFY CHILD ABUSE AND NEGLECT

This is the step at which situations of child abuse and child neglect come to the attention of professionals and private citizens. If these individuals do not recognize the situation as possible abuse or neglect, they cannot report it.

REPORT CHILD ABUSE AND NEGLECT

This is the stage at which an individual decides whether or not to report a suspected child abuse or neglect case. If it is not reported, it may be referred elsewhere for assistance.

PROTECTIVE CUSTODY

This is the first stage in the process at which a protective custody decision can be made. It is placed at this stage in the chart because, in many States, some of the persons who are mandated to report are also authorized to place endangered children in protective custody. The "hospital hold" laws of some States would be an example of this type of custody action.

RECEIVE REPORT

This stage involves the process of report receipt, e.g., locally or Statewide, business hour or twenty-four hour, hot line, orally, or in writing.

What is done with received reports to protect the identity of unfounded cases?

How available are reports to other professionals? How available should they be?

How does the agency's activity and known inactivity affect the likelihood of reports?

What happens to the information going into decisions at this stage? What information is passed on in the system? What information is not?

Questions and Research Issues Relating to Protective Custody

What are the criteria (including extraneous criteria) for placing a child in protective custody before a report has been investigated?

How does the decision to place a child in protective custody at this stage affect the decisions which are subsequently made about the case and the outcome of that case?

Is there a form of informal protective custody (legal or illegal)?

Who are the most appropriate people to have protective custody power?

B. ***Intake/Investigation (Figure 3)***

Questions and research issues related to this stage of the process dealt with the nature and role of intake/investigation personnel and with the effect of the process on parents and children. The key questions and issues are recorded below:

What factors influence the acceptance of a report? Do perceptions as to the "treatability" of a case affect whether or not it is accepted?

What are the patterns of communication between persons responsible for intake and those responsible for processing?

What training and background characterizes those who excel at conducting investigations?

What happens to children who are reported, whose cases are confirmed, but who do not receive any treatment?

What factors encourage or discourage the removal of children from their homes?

What part do parents and children play in decision-making during any court proceedings at this stage?

C. ***Assessment/Planning (Figure 4)***

Questions and research issues for this stage focused on the needs of the children and their families and on approaches to satisfying them. The questions and issues formulated by participants are given below:

Is there any systematic relationship between the disposition of the case and the characteristics of either the family situation or the reporting situation?

What kinds of data are needed to establish a basis for determining which kinds of cases are more or less difficult to treat?

What are the minimal elements of assessment of the emotional, psychological, and social needs of abused and neglected children?

What constitutes a good placement environment for the child? What are the effects (positive and negative) of placement on the child?

What part do parents and children play in decision-making in agency decisions and any court proceedings at this stage?

D. ***Treatment/Referral (Figure 5)***

Questions and research issues related to treatment centered around issues related to different interventions and treatment methods, issues related to the administrative process, and issues related to treatment providers. Questions and issues related to these three aspects appear below:

Questions and Research Issues Related to Treatment Methods

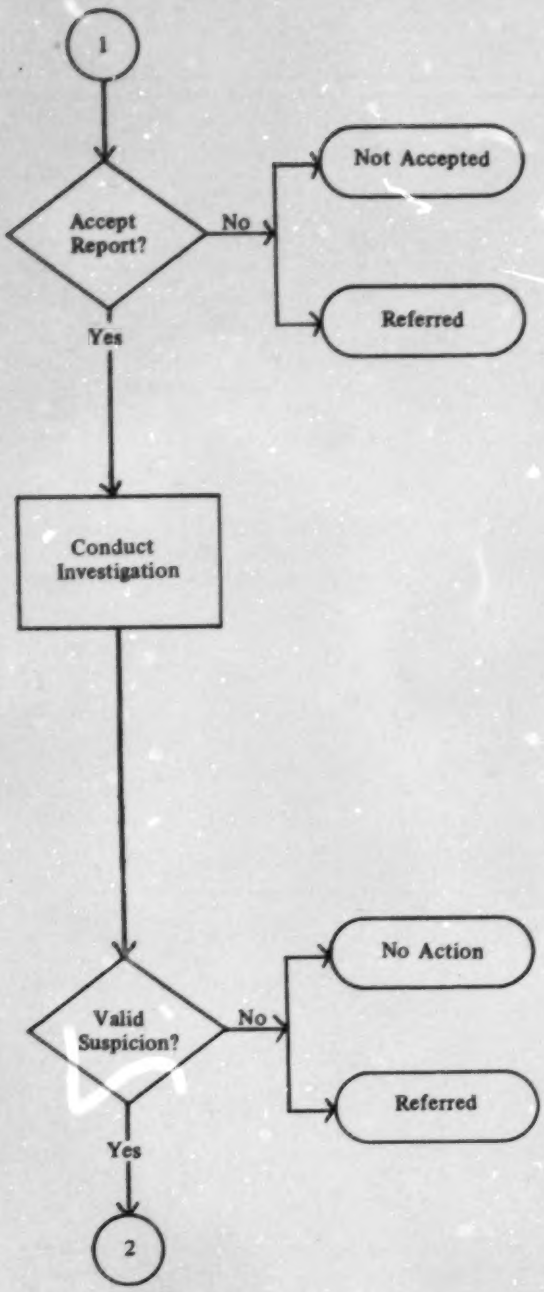
What are the most effective detailed modes of treatment?

What are the long- and short-term effects of different treatment strategies? Is there variation of effectiveness within or across different strategies?

Is there any treatment modality presently used that has been shown to be ineffective?

Figure 3

INTAKE/INVESTIGATION



ACCEPT REPORTS

This is the stage at which it is determined whether or not to accept a report for further action. Reports may not be accepted on the grounds that there is insufficient information to proceed further or the situation is obviously not one of child abuse or neglect. If the latter situation is the case, the report or reporters or family may still be referred elsewhere for treatment or other assistance.

CONDUCT INVESTIGATION

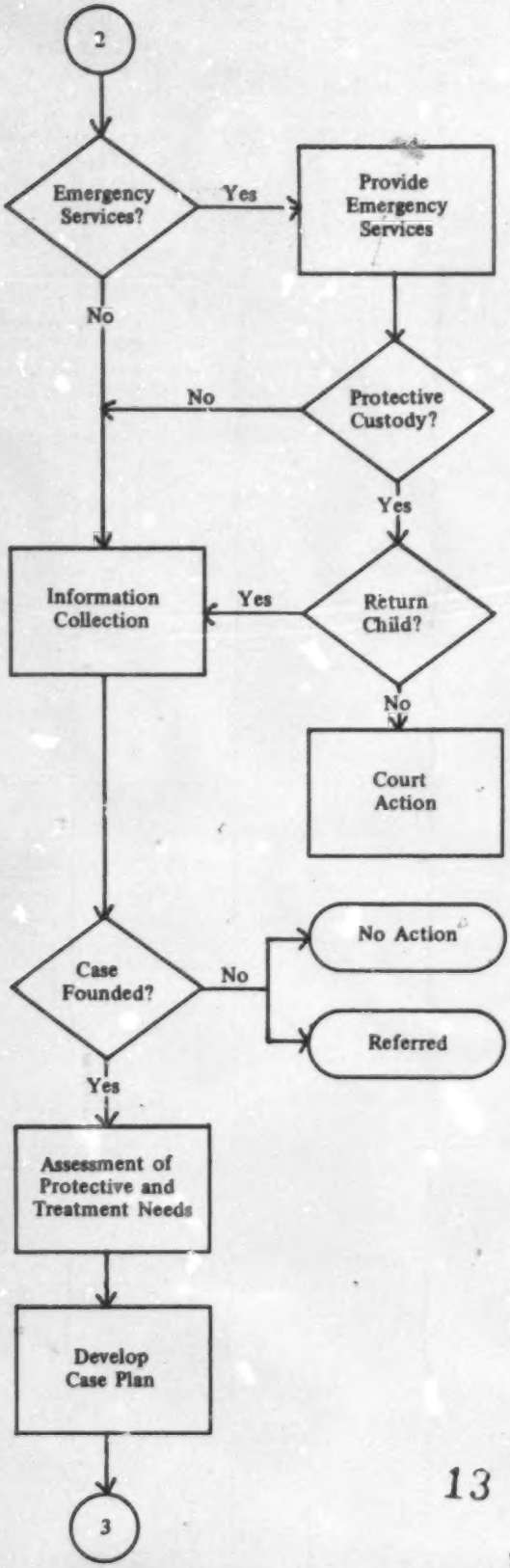
This is the first phase of systematic, or hopefully systematic, data collection about the family and the situation. It is often called "Initial Investigation" and its purpose might be seen as determining whether there is sufficient information to proceed further in the process.

VALID SUSPICION

This is the second point at which an assessment is made of the acceptability of the report. If it appears that there is no basis or foundation for the report, or no grounds for suspicion, the case can be closed. In those situations where there is no indication of child abuse or neglect, but where the situation warrants treatment or assistance for the family, a referral may be made.

Figure 4

ASSESSMENT/PLANNING



EMERGENCY SERVICES

This is the stage at which it is determined whether emergency services are needed. Such emergency services could include homemaker, daycare, counseling, and other support and treatment services as well as foster care, the most commonly thought of emergency service.

PROVIDE EMERGENCY SERVICES

This is the stage in which emergency services are provided. If the child has been placed in protective custody, a decision concerning the return of the child is always possible. If the child is not returned, all jurisdictions require prompt court action.

INFORMATION COLLECTION

This reemphasizes that the need for data collection continues throughout the process. Specifically, data are needed to make a firm decision in the next stage.

CASE FOUNDED

This stage is not formally present in many existing systems. It reflects the Draft Model Child Protection Act and other good practice standards which suggest that there be a formal point at which the Child Protection Agency determines whether there is probable cause to indicate that child abuse or neglect has or is occurring. When a decision is made that the case is unfounded, the case can be closed or the family referred to other needed treatment or support services.

ASSESSMENT OF PROTECTIVE AND TREATMENT NEEDS

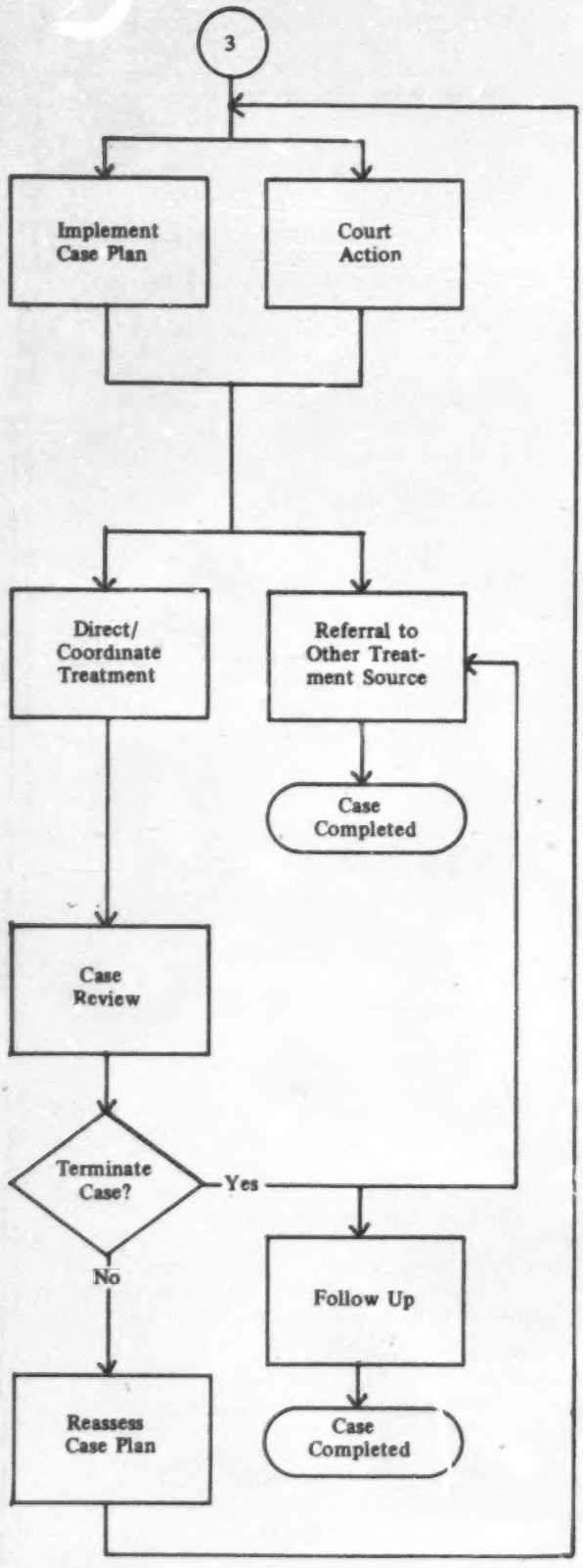
This process involves a fairly discrete set of considerations and analyses about family needs, available resources and desired outcomes.

DEVELOP CASE PLAN

At this stage, the information collected during all other stages, especially "Assessment of Protective and Treatment Needs," is used to develop plans for further action.

Figure 5

TREATMENT/REFERRAL/FOLLOW-UP



IMPLEMENT CASE PLAN

This is the stage in which the case plan is implemented. It is given a separate box to emphasize the fact that implementation is a process. For example, if a referral is made to another treatment source, the referring agency has the affirmed obligation to help the family understand the need for and the purpose of referral, and to help the family accept the referral. When court action is necessary, it becomes a parallel element.

COURT

Sometimes court action is necessary to implement a case plan. Either the parents may need or benefit from the authority of the court, or the parents may refuse to accept services and the court's authority may be necessary to insure the provision of, and compliance with, such treatment services.

DIRECT/COORDINATE TREATMENT

This step describes two methods of service delivery under the auspices of CPS: (1) direct services in which the worker provides the service, i.e., counseling and (2) coordination in which the worker sees that the family received purchased services from outside providers.

REFERRAL TO OTHER TREATMENT SOURCE

These are referrals made to implement a case plan where the CPS agency divests itself of the ongoing case monitoring responsibility.

CASE REVIEW

No case should continue indefinitely without periodic review and reassessment. At this stage previous treatment efforts should be assessed to see if they should be continued or changed, or if the case should be terminated.

TERMINATE CASE

If a decision is made to terminate the case, it still may be appropriate to follow up on the family subsequently or to make another referral for treatment or assistance service.

FOLLOWUP

In appropriate situations, the CPS agencies should monitor referrals and terminated cases.

REASSESS CASE PLANS

If, on the basis of the periodic case review, a decision is made not to terminate the case, a reassessment of the case plans is made to determine if a different mix of services might be appropriate. If so, the case is shunted back to implementation of case plan. If not, earlier case plans continue.

How can a match between kind of case and most appropriate treatment approach be effected?

What evidence will show that the case being closed is the same as the problem being resolved?

What kinds of specific treatment are needed for all abused and neglected children placed in foster care?

Questions and Issues Related to Program Organization and Administration

What evidence is there that the interagency, multi-disciplinary approach is the best method of service delivery?

What are the most appropriate roles for agency staff in terms of direct vs. coordinated services for case management and treatment?

How do bureaucratic vs. nonbureaucratic approaches (in terms of organization and management style) affect clients, treatment, and case outcome?

Does the outcome of the treatment service process depend on how well the steps are carried out? Does adherence to standards of good practice (if they could be identified) make any difference in terms of outcome?

How can the public agency use or encourage the use of informal treatment resources?

Questions and Research Issues Related to Treatment Providers

Are there identifiable personality variables in terms of worker/client interaction that can insure success?

What are realistic workload standards for the protective service worker?

What is the effect of worker burnout on treatment continuity and effectiveness in the development and implementation of case plans?

What has been the role and effectiveness of lay therapists? What kinds of supervision do they require?

E. *Termination/Follow-up (Figure 5)*

No specific questions were offered for this stage, but brief discussion addressed the general problems related to carrying out case follow-up in order to evaluate the effectiveness of the case planning and case implementation processes.

F. *General Questions*

The following are broader, over-arching questions pertaining to more than one of the five preceding stages in the child protective services process.

What are the legal rights of the family at all stages in the process?

What are the rights of the child vs. those of the parents? What rights does the child have to independent legal counsel?

What are the effects on the child, negative and positive, of becoming involved in the system?

What are the effects on those who are mistakenly taken into the system?

What are the negative effects of evaluations on clients and on programs? What limits should be placed on evaluations?

What is an acceptable overhead for a program to carry?

How can a balanced system be maintained in relation to need?

V. SUMMARY AND CONCLUSION

Practitioners and research specialists in child abuse and neglect identified through a two-day Symposium some of the more bothersome and persistent research questions and issues that need to be considered in future evaluation studies. The discussion was guided through the format of a five-stage process model covering identification/reporting, intake/investigation, assessment/planning, treatment/referral, and termination/follow-up. Although individual localities will exhibit their own unique configuration of services performed by various agencies working together, the model was found to incorporate most of these services in some form.

Specific research questions and evaluation questions which applied to each stage of the model were formulated by Symposium participants. These questions can provide the practitioner and research administrator with guidance as to some of the critical questions related to the evaluation of the provision of services which remain to be answered.

While the Symposium did not directly contribute to the development of evaluative theory, it was found that the use of a process model facilitates *a priori* classification of research questions and issues. The work of this Symposium should prove useful in those instances in which the focus of a future evaluation study corresponds to one of the five stages in the process model.

APPENDIX

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Child Abuse Symposium on Program Evaluation
Rosslyn, Virginia
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